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# MEDICAL EDUCATION

IN THE  
UNITED STATES.

BY

R. A. F. PENROSE.

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## MEDICAL EDUCATION IN THE UNITED STATES.

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A great deal of discussion has recently taken place on the subject of medical education in the United States. To a foreigner, or one not acquainted with the influences that have led to, and have kept up this discussion, it might seem to be the result of a spontaneous outburst of popular feeling, earnestly demanding much-needed progress. Really, however, the very reverse is the case; and the revolutionists are those whose *kind* and *sympathetic* interest in the welfare of the community is prompted solely by selfish considerations. The changes urged by these self-condemning philanthropists are not demanded by the medical profession nor by the public; neither have they been, nor will they be, sustained by both or by either. This assertion is clearly proved by the experience of the University of Pennsylvania. In 1846 the American Medical Association recommended to all medical colleges certain changes and improvements in their courses of instruction. In consequence of this recommendation the University of Pennsylvania extended its session to six months: not a *single medical college in the country followed* its progressive lead, and after continuing the experiment for six years, at great pecuniary loss, it was reluctantly obliged to retrace its steps, and to return to the old standard as to length of session. During the period of this advance the classes of the University fell off greatly, and the classes of other medical schools correspondingly increased. Even medical men sent their sons to other medical schools, to save the time and money necessary for the longer course. Indeed, medical men, as a rule, have sought to evade the restrictions as to length of time of study, etc., more than any other class; and the statement, that the "student usually dates his medical studies from the time he buys his first *Chemistry*," applies more frequently to the sons of *physicians* than to any others. Hence, I declare that these proposed changes are not demanded by the medical profession nor by the public.

The writer of a recent article in *Lippincott's Magazine* (Dr. H. C. Wood) on "Medical Education in the United States" seems to have been so lost in admiration at the methods of instruction followed in European medical colleges, as to be utterly blind to the good in the system of medical education as it exists in this country—a system, the *necessary* result of our political, social, financial and territorial conditions; a system, which, though in the abstract, may not be the best, is certainly, judging from its results, the best *possible* under our peculiar circumstances. This much-abused system of medical education (only greatly improved in its extent and thoroughness—improvements developed by the constant advances in knowledge) is the same

system which has produced the great medical men of the United States during the past seventy-five years—medical practitioners, whose success has been surpassed by none in Europe; surgeons, whose skill has been, and is, world-wide in reputation; authors, whose works are standard authorities everywhere. It is the same system of medical instruction—I quote verbatim (italics mine) from this article that holds it up to scorn—which “accomplished such *splendid results* during the late rebellion.” The writer says: “The great resources of the medical profession were proved during the civil war, when there was created in a few months a service which for magnitude and efficiency has rarely if ever been equaled. Indeed, military medicine was raised by it to a point *never reached before that time in Europe*, and the results achieved have, in many points, *worked a revolution in science*.” After this frank declaration of the inestimable value and glorious results of American medical education, the writer draws the *logical* (?) sequence that it (American medical education) is responsible for a ease of most heart-rending malpractice, which he relates, compared to which the Japanese hari-kari were merciful mildness, and approaching more nearly the tortures by crucifixion as administered by this same *kind-hearted* people. With about as much reason and justice might he conclude that the *American system* of Sunday-school education is lamentably inferior to that of Great Britain, *because* (?) Jesse Pomeroy was a possibility in that most respectable town of Boston.

Dr. Wood alludes to the ignorance of the American medical student, and makes a statement “not founded on the authority of official publication,” in which he endeavors to show that from “six to ten per cent.” of American medical students have an ignorance of vulgar fractions and rudimentary astronomy, that would exclude them from an ordinary infant-school. Every one familiar with the students attending our first-class American medical colleges knows, perfectly well, that in origin and in culture they compare favorably with the young men engaged in the study of law and divinity, or with those entering upon mereantile or manufacturing pursuits. True, there are some imperfectly educated, but certainly not “six or ten per cent.” destitute of that knowledge taught even in *American* infant-schools, and without knowing, and without the statement “being founded on the authority of any official publication,” I *infer* that in *Europe*, owing to their “better methods,” similar knowledge is communicated to the average European child many months *before its birth*.

Next follows a comment on the poverty of the American student. Dr. Wood says: “Even worse than this, however, is the fact that the summer between the winter courses is often not spent in study, but in idleness, or, not rarely, in acquiring in the school-room or harvest-field the pecuniary means of spending the subsequent winter in the city.” Alas! this is too true. Providence seems to have ordained that our young *American* doctors

are not always reared in the lap of luxury and wealth as the fittest preparation for the trials, hardships and self-denials of their future lives. It is also true that some *other* young American professional men have been compelled "in the school-room or harvest-field" to acquire the means to prosecute their professional studies. Daniel Webster, the son of a New England farmer, taught school at Fryeburg, Maine, "upon a salary of about one dollar per diem." His salary was all saved . . . as a fund for his *own professional* education, and to help his brother through college." "During his residence at Fryeburg, Mr. Webster borrowed (he was too poor to buy) Blackstone's *Commentaries*." Mr. Webster's great rival, Henry Clay, also was compelled to resort to the "school-room and harvest-field to obtain the pecuniary means," etc., etc., etc. The son of the poor widow with seven children "applied himself to the labor of the field with alacrity and diligence;" "and there yet live those who remember to have seen him oftentimes riding his sorry horse, with a rope bridle, no saddle, and a bag of grain." "By the familiar name of the Mill-boy of the Slashes do these men . . . perpetuate the remembrance of his lowly yet dutiful and unrepining employments." American biography is so filled with similar instances, showing how the great characters of her great men acquired their development and strength in the stern gymnasium of poverty, even in "the school-room and harvest field," that I could fill volumes with the glowing records. The youngest American school-boy recognizes Abraham Lincoln and Henry Wilson in this *American* galaxy. Whose heart has not been stirred by the life-story of the great Hugh Miller? The stone-cutter's pick earning for him humble means, thereby enabling him to acquire that learning which made his name a household word even in America. Truth, then, as I have remarked, obliges me to admit that we have in our medical colleges some young men who labor "in harvest-fields and school-rooms" in order that they may honorably pay their way, rather than eat the bread or accept the gratinities of pauperism.

Last March there graduated at the medical department of the University of Pennsylvania one of these self-supporting young men. He was the son of a missionary clergyman: the father was poor in pocket, but the son was not poor in spirit. During the interval between his winter courses of lectures, rather than be a burden to his father, rather than accept gratuitous instruction from the school, he went into the coal regions of Pennsylvania and worked in a coal-mine, as a common miner, to procure funds to enable him to complete his professional studies; and, *strange* as it may seem, this young miner passed an excellent examination, and received the unanimous vote of the medical faculty for his degree. I mention this case, but every year there are several similar; and we always find that the school-teachers and miners are by no means at the foot of the graduating class.



Concerning clinical teaching, we have the following statement: "The clinical teaching in an American hospital is comprised in the following routine: Once or twice a week, from one to five hundred men being congregated in an amphitheatre, the professor lectures upon a case brought into the arena, perhaps operates, and when the hour has expired the class is dismissed. Evidently, under such circumstances there cannot be the training of the senses, the acquiring of a knowledge of the hourly play of symptoms of disease and of familiarity with the proper handling of the sick and wounded, which is of such vital importance, and which can be the outcome only of daily contact with patients." What can the writer of this sentence mean? Certainly, no one knows better than he does that such *is not* the practice in the hospital of the University of Pennsylvania, in Bellevue, and in many other large hospitals, where clinics and dispensary services are held for *several hours daily* throughout the year, and where the student has furnished him abundant opportunities for "acquiring a knowledge of the . . . symptoms of disease, . . . of handling the sick and wounded," etc., etc. That the American medical student profits by these opportunities, and learns his clinic lessons well, is proved by the unexpected, and evidently unintended, testimony which occurs toward the close of the article, where Dr. Wood says, "The great resources of the medical profession in America were proved during the civil war, when there was created in a *few months* a service which for *magnitude* and *efficiency* has *rarely if ever been equaled*. Indeed, military medicine was raised by it to a point *never reached before* that time *in Europe*, and the results achieved have in many points worked a *revolution in science*." The italics in this quotation are mine, as they also are in those which follow.

But (says the article under review) "the largest proportion of our prominent physicians have educated themselves after graduation." As if this were an extraordinary or unusual circumstance! Certainly, they have; and so have all prominent men in all professions and all pursuits of life, in every age and every country, not even excepting the much-lauded men of Great Britain and the continent of Europe. What young lawyer is entrusted with an important cause immediately after admission to the Bar? And, as the young doctor (according to the aforesaid showing) "gains his first practical knowledge while serving as a hospital resident, under the supervision of experienced men," so the young lawyer, *even in Great Britain*, must gain *his* first practical knowledge by constant attention at the courts, and by diligently following the proceedings of his preceptor's and other offices. Even the young clergyman, whose business it is to save *souls*, has to do very much as the young doctor does, and, like him, is often "thrown at once on his own resources, gaining his experience without supervision, and at the *expense* of the *poorer classes*, who *naturally* fall to his charge, and whose ignorance precludes them from an even approximately correct estimate

of "his fitness." "It is one of the saddest features of our system that the famed skill of our best" (*clergymen*) "should so often be acquired at such a cost."

What can be more unphilosophical and illogical than to compare the young doctor, or any other young professional man, to a new piece of machinery, fresh from the manufactory, complete and perfect in all its parts? And yet, something like this is *attempted* in the article before us. Even as Minerva sprang from the brain of Jove the complete and perfect goddess of learning, so would our Utopian writer have the young doctors to come from the brains of their medical professors complete and perfect; only, if his idea be correct, their medical professors have so little brains, that, the annual graduating medical classes of the United States would be immediately reduced, from the frightful army of three thousand "legalized murderers," to the comparatively small, and easily counted, number of *one graduate* (of course, springing from one head). No; the young doctor, at graduation, cannot be compared to a new, complete and perfect machine fresh from the manufactory; rather, let him be compared to the young marsupial creature, at birth, extremely rudimentary, whose natural, and hence fittest, place is the parental pouch, but which, in due time, becomes the vigorous and well-developed specimen. I suppose, if I compare the young doctor to the young marsupial, I should also say that *his* protecting parental pouch, in which he acquires growth and vigor, is the hospital where he goes after graduation, or the practice which he sees under his preceptor's supervision.

The article continues: "The remarks which follow do not apply to the medical department of Harvard College, or to *one or two other schools*" (the italics are mine); and further on, it continues: "In other words, Harvard has copied the European plan of medical teaching in some of its essential features, and as a consequence its medical diploma is the *only one* issued by *any prominent medical American* college which is a *guarantee* that its possessor has been well educated in the science and practice of medicine." Where can we find meekness and modesty like this?—modesty, as becoming, as it is unexpected and surprising, seeing that the writer fills *two* professorships in the University of Pennsylvania. Does he hang his head so low in his—I was about to say *singular*—self-abasement (but considering the *two* professorships, I suppose I should say *double* self-abasement) that he cannot see? or are his eyes so blinded by the effulgence of "Harvard" and "European" plans, that he fails to recognize and appreciate the immense advantages offered by his own home institutions? I do not propose to make any invidious remarks concerning Harvard, but I maintain that an *honest* and *just* comparison of the schools, of their requirements, of the character of their teachings, and the facilities they furnish their students, *must* show that modesty alone prevented Professor "H. C. Wood, Jr., M. D.," also excepting from his sweeping denunciations the two great schools of Philadelphia,

though I only speak for and defend the medical department of the University of Pennsylvania from an attack unjust, unequalled for, and untrue.

R. A. F. PENROSE.

In the January, 1876, No. of the *American Journal of the Medical Sciences*, and in a most excellent article, styled "A Century of American Medicine," "by Edward H. Clarke, late Professor of Materia Medica in Harvard University," on page 135 will be found a singularly appropriate endorsement of the views contained in this paper. I quote a few lines; although the whole article might be given as strongly sustaining my propositions.

"The fact that the European schools are founded and controlled by the State, and are to a large extent responsible to it, and that American schools are independent institutions, self-supporting, and responsible only to public opinion, necessarily impresses a distinctive character upon the medical schools of the two continents. The atmosphere of each is different; each leads a different life; and each will produce a different result. Admitting such to be the case, it does not follow that the medical schools of the United States are necessarily of an inferior character, or that the physicians who graduate from them are imperfectly educated."

"Indeed it may be affirmed that those who, like the apothecary of England and the Secundär Arzt of Germany, are charged with the medical care of the mass of the community in Europe, are not better equipped for the practical work of their profession than their average American contemporary. We do not mean to assert by this that the scientific training of our schools is equal to that of Vienna, Berlin, or Paris. But we do assert that if the necessities and different conditions of Europe and America are impartially compared, we shall find that the American method of medical education yields as good a practical result to the nation as the European method of medical education does to Europe. And we further assert, that the flexibility of the American method permits of change, growth, and development, in correspondence with the demands of each succeeding age, more easily and more rapidly than is possible with the conservative organizations of Europe. Hence we are not ashamed to present our medical schools, with all their short-comings and imperfections, as substantial contributions to the practical medicine of the century. And, moreover, we can justly point to graduates of these schools, some of whom have, and others of whom have not, been fortunate enough to add to their American a European education, as in every way the peers of European physicians or surgeons."





